PTO/SB/22 (12-04)
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| PÉTITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 20050/0200895-US0 | |
|--|---------------------|---|---------------|
| FY 2005 * (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | 20030/020 | 0093-030 |
| Application Number 10/782,385-Conf. # | ‡ 3573 | Filed Febru | uary 18, 2004 |
| For INTERLABIAL PAD AND INDIVIDUAL PACKAGING BODY FOR INDIVIDUAL PACKAGE OF INTERLABIAL PAD | | | |
| Art Unit 3761 | | Examiner I | M. G. Bogart |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| X One month (37 CFR 1.17(a)(1)) | <u>Fee</u> \$120 | Small Entity Fee \$60 | \$ 120.00 |
| Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ |
| Four months (37 CFR 1.17(a)(4)) | \$1590 | \$ 795 | \$ |
| Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. X A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number | | | |
| I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| x attorney or agent of record. Re | | | _ |
| attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | |
| - Head | | April 5, 2006 | |
| Signature Thomas I Book | | Date (242) 527 7700 | |
| Thomas J. Bean Typed or printed name | | (212) 527-7700 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| Total of forms are submitted. | | | |

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